PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Steven P. HERGOTT, et al.
SERIAL NO.: 10/657,993
FILED   : September 9, 2003
TITLE   : METHOD AND MEANS FOR ADVANCING A SAUSAGE USING
              FLUID POWER
Group/A.U.: 3643
Conf. No. : 1283
Examiner   : Richard Thomas Price, Jr.
Docket No.: P06662US0-169H

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450
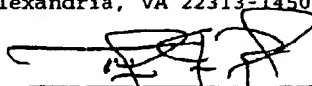
Dear Sir:

AMENDMENT

In response to the non-final office action dated July 20, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))

I hereby certify that this document and the documents referred to as enclose therein are being deposited with the United States Postal Service as First Class mail addressed to: Commissioner for Patents, Alexandria, VA 22313-1450, on this **2nd** day of _____August_____ 2004.

_____
Timothy J. Zarley

08/13/2004 TBENTLE1 00000001 502098   10657993
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inadvertently omitted, and charge any additional fees to Deposit
Account 50-2098.

Respectfully submitted,

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- jjl/bjs -

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/657,993

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	.	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740
X$ 9=	–	OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

If the difference in column 1 is less than zero, enter "0" in column 2

Amdt 8/5/04

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 9	Minus	** 6	= 1
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42= 49	$430	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	$430	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.